



Department/Unit: _____

STATEMENT OF FACTS

<input type="checkbox"/> Race	<input type="checkbox"/> Political or Religious Opinion/Affiliation
<input type="checkbox"/> Color	<input type="checkbox"/> Physical or Mental Disability
<input type="checkbox"/> National Origin	<input type="checkbox"/> Age
<input type="checkbox"/> Marital Status	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Other _____
<input type="checkbox"/> Gender	

Date(s) of Action(s)/Knowledge of Occurrence: _____

Nature of Complaint: (State specifically and definitely the issues of fact and the factor(s) that you believe support the complaint)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

(Please attach additional sheets if needed)

Resolution sought: _____

Prior to filing this complaint I made the following attempts to resolve this matter: _____

I am represented by (If applicable): _____
(Name and Title of Representative)

Complainant's Signature: _____ Date: _____

I certify that management received this Complaint of Discrimination on:

Date

Signature

Title